

Saint Katharine Drexel School
503 South Spring Street
Beaver Dam, Wisconsin 53916
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PHYSICAL EXAMINATION FORM

NAME: _____ SCHOOL YEAR _____

This should be a complete physical examination with evaluation of the following:

Eyes, ears, nose, mouth, throat, heart, lungs, nutritional status, laboratory works as indicated, any needed immunization

Findings:

Medications _____

Vision:

Right: 20/_____

Left: 20/_____

Other: _____

Recommendations:

_____ recheck child

_____ further immunization needed

_____ refer to specialist

_____ special conference with school personnel

Date: _____

Signature of Examining Physician